

2025 第四屆馬偕紀念醫院減重代謝研討會
The 4th Annual Metabolism and wight Management Symposium 2025,
Mackay Memorial Hospital

Date：24th May 2025

Venue：馬偕紀念醫院平安樓 15 樓階梯講堂(台北市中山北路二段 92 號)

Time	Topic	Speaker	Moderator
08：00~08：20	Registration		
08：20~08：40	Opening	馬偕紀念醫院總院 院長張文瀚醫師 馬偕紀念醫院總院 副院長許希賢醫師 馬偕紀念醫院外科部部主任劉建國醫師 台灣代謝及減重外科醫學會理事長 台北榮民總醫院 體重管理醫學中心主任 方文良醫師	馬偕紀念醫院減重手術暨肥胖防治中心主任 何恭誠醫師
08：40-09：00	The current evidence and future of ESG	亞東醫院進階內視鏡科主任 鍾承軒 醫師	馬偕紀念醫院消化科系主任 張經緯 醫師 馬偕紀念醫院消化科系資深主治醫師 賴建翰 醫師
09：00~09：20	The appropriate setting of ESG and post-operation care in hospital and clinic	臺安醫院體重管理中心主任 鄭以勤 醫師	
09：20~09：40	內視鏡袖狀胃縫合術學習曲線中的挑戰	馬偕紀念醫院消化科系資深主治醫師 賴建翰 醫師	
09：40~10：00	Safety Concerns and Complication Management in ESG	嘉義基督教醫院減重中心主任 周莒光 醫師	
10：00~10：10	Q & A		
10：10~10：30	Break		
10：30~10：50	開刀完，我就會瘦嗎？	彰化基督教醫院 體重及糖尿病健康管理中心 曹連誠 醫師	新竹馬偕紀念醫院副院長

10：50~11：10	The advancements of robotic bariatric surgery	台灣代謝及減重外科醫學會理事長 台北榮民總醫院 體重管理醫學中心主任 方文良 醫師	柯文清醫師
11：10~11：30	合併裂孔疝修補在袖狀胃切除中預防胃食道逆流的臨床成效分析	馬偕紀念醫院減重手術暨肥胖防治中心主任 何恭誠 醫師	馬偕紀念醫院一般外科系主任 蔡崇鑫醫師
11：30~11：50	One-year Outcome between Sleeve Gastrectomy(SG) and Single Anastomosis Sleeve Ileal Bypass(SASI) in Patients with Diabetes Mellitus	雙和醫院一般外科主治醫師 邱允寧醫師	

11：50~12：00	Q & A		
12：00~13：00	午餐/ 越L' EXCELLENCE功能整合醫學診所 院長 陳君琳醫師(12:00-12:40) Integrating Wegovy with clinical practice: Enhancing weight management patient journey.		馬偕紀念醫院減重手術暨肥胖防治中心主任 何恭誠醫師
13：00~13：20	體重控制對心血管疾病的益處	新竹馬偕紀念醫院心臟內科資深主治醫師 林柏霖 醫師	馬偕紀念醫院減重手術暨肥胖防治中心主任 何恭誠 醫師
13：20~13：40	筋膜平衡與增肌減脂的重要性	卓立復健科診所 院長 卓裕森 醫師	
13：40~14：00	Natural Dietary and Herbal Products in Anti-Obesity Treatment	馬偕醫院中醫部內科主治醫師 高皓宇 醫師	
14：00~14：20	馬偕紀念醫院單吻合迴腸雙通道胃繞道手術案例討論及對胃食道逆流與糖尿病控制的影響	馬偕紀念醫院一般外科代謝及減重外科醫師 王柏鈞 醫師	
14：20~14：30	Q & A		馬偕紀念醫院 醫學美容中心主任 陳昱帆 醫師
14：30~14：50	Break		
14：50~15：10	多囊性卵巢症候群與體重管理	馬偕紀念醫院不孕症科 主治醫師 李佳臻 醫師	馬偕醫學院醫學系婦產學科主任陳震宇醫師
15：10~15：40	肥胖與婦科疾病的相關性	市立萬芳醫院 婦產科產科主任 王樂明 醫師	馬偕紀念醫院婦產部婦癌科主任陳楨瑞醫師
15:40-15:50	婦產科Q&A		
15：50~16：20	Gut microbiota and pediatric obesity metabolic-associated fatty liver disease	成功大學附設醫院小兒部小兒腸胃科主任 楊耀榮 醫師	新竹市立馬偕兒童醫院院長 楊俊仁醫師
16：20~16：50	Consensus statement on metabolic dysfunction-associated steatotic liver disease in children and adolescents from the joint TASL-TSPGHAN expert	台北榮民總醫院小兒胃腸科主任 林裕誠 醫師	台北馬偕紀念醫院兒童醫院內分泌科主任 丁瑋信 醫師

	committee		
16：50~17:00	小兒科Q & A		
17:00 ~17：10	Closing		馬偕紀念醫院減重手術暨肥胖防治中心主任 何恭誠醫師

課程報名連結：<https://pse.is/7dquq2>

★欲申請「臺灣護理學會」、「台灣專科護理師學會」需填寫課後滿意度調查表才可給予積分

2025 第四屆馬偕紀念醫院減重代謝研討會

The 4rd Annual Metabolism and Weight Management Symposium 2025,
MacKay Memorial Hospital

題目：The current evidence and future of ESG

亞東醫院 鍾承軒醫師

講者簡介：現任單位：
肝膽胃腸科主治醫師 / 進階內視鏡科主任
學歷：
台北醫學大學醫學系 1996~2003
台大醫學院臨床醫學研究所碩士班 2009~2011
服務機構：
1. Attending physician, Department of Internal Medicine, National Taiwan University Hospital, Taipei, Taiwan, 2009~2015
2. Attending physician, Division of Gastroenterology and Hepatology, Department of Internal Medicine, Far Eastern Memorial Hospital, New Taipei City, Taiwan. 2009~til now
3. Assistant Professor, College of Medicine, Fu Jen Catholic University, New Taipei City, Taiwan, 2023~til now
4. Director of Ultrasonography and Endoscopy Center, Far Eastern Memorial Hospital, New Taipei City, Taiwan, 2015~2023
5. Director of Advanced Endoscopy, Far Eastern Memorial Hospital, New Taipei City, Taiwan, 2023~til now

摘要：Obesity is a significant global health concern associated with various comorbidities, including diabetes, cardiovascular diseases, and certain cancers. Effective management of obesity is crucial to improve overall health outcomes and quality of life. Aside from lifestyle modifications and anti-obesity medications, surgical and endoscopic interventions have emerged as viable options for weight control, particularly for individuals who have not achieved sustainable weight loss through conservative management alone. Among these interventions, endoscopic sleeve gastropasty (ESG) has gained attention as a minimally invasive alternative to traditional bariatric surgeries. ESG involves the use

	<p>of endoscopic suturing techniques to reduce the volume of the stomach, leading to increased satiety and reduced caloric intake, as well as delayed gastric emptying. Recent studies have demonstrated promising results regarding ESG's efficacy, showing significant total weight loss about 15~20% and improvements in obesity-related comorbidities. Additionally, ESG presents a lower risk profile and a shorter recovery time compared to more invasive surgical options, particularly for gastroesophageal reflux disorders and perioperative complications. As current evidence continues to support the effectiveness and safety of ESG, it offers a valuable tool in the arsenal against obesity, providing patients with a less invasive yet impactful option for sustainable weight loss. Further research and long-term data are essential to fully establish the role of ESG within the spectrum of obesity treatment options.</p>
<p>題目：The appropriate setting of ESG and post-operation care in hospital And clinic 臺安醫院 鄭以勤醫師</p>	
講者簡介	<p>現任單位：</p> <p>臺安醫院體重管理中心主任</p> <p>學歷：</p> <p>成功大學醫學系（2011年）</p> <p>經歷：</p> <p>2012-2018 萬囊醫院 PGY 及內科住院醫師</p> <p>2019~ 臺安醫院胃腸肝膽科主治醫師</p> <p>2022~ 臺安醫院體重管理中心主任</p> <p>2024~ 臺安醫院消化醫療中心主任</p>
摘要	<p>ESG（內視鏡套狀胃縮術）在醫院與診所的適應場域有所不同，選擇適當的執行環境對於手術安全性</p>

	<p>與長期效果至關重要。醫院適合高風險患者，具備完善的緊急應變能力，而診所則適合低風險族群，</p> <p>提供更便利且具成本效益的治療選擇。術後照護同樣關鍵，初期須密切監測並控制疼痛，確保水分與</p> <p>營養補充，並逐步過渡至適當飲食。合併藥物治療如 GLP-1 受體促效劑可提升減重效果，並降低體</p> <p>重回彈風險。長期而言，患者須配合行為調整與運動計畫，以維持減重成果。若效果不佳，則需評估</p> <p>進一步介入方式，如調整飲食策略或加強心理支持。透過完善的環境選擇與術後追蹤，可提升 ESG</p> <p>的成功率，並確保患者獲得最佳的健康效益。</p>
<p>題目：內視鏡袖狀胃縫合術學習曲線中的挑戰</p> <p>馬偕紀念醫院 賴建翰醫師</p>	
講者簡介	<p>現任單位：</p> <p>馬偕紀念醫院消化科系主治醫師</p> <p>學歷：</p> <p>馬偕醫學院生物醫學研究所碩士</p> <p>經歷：</p> <p>2006-2009 Resident, Department of Intern Medicine, Mackay Memorial Hospital</p> <p>2009-2011 Fellowship, Division of Gastroenterology, Mackay Memorial Hospital</p>

摘要	<p>Endoscopic sleeve gastroplasty (ESG) is a minimally invasive procedure that offers a promising treatment option for patients with obesity. However, mastering ESG requires overcoming a significant learning curve, posing unique challenges for endoscopists. This presentation aims to explore the key obstacles encountered during the ESG learning process and discuss strategies to overcome them. First, selecting suitable candidates for ESG requires careful evaluation, particularly in identifying contraindications. Additionally, ESG demands advanced endoscopic skills, including precise endoscope manipulation and proficient use of instruments. Managing equipment malfunctions and handling complications, such as various hemostatic techniques, are also critical aspects. Post-procedural care necessitates a collaborative team approach, involving case managers, dietitians, and other healthcare professionals. Furthermore, learning from experienced physicians and peers through case discussions and technical workshops facilitates knowledge sharing and skill development, which are essential for overcoming the ESG learning curve.</p>
<p>題目：Safety Concerns and Complication Management in ESG</p> <p>嘉義基督教醫院 周莒光醫師</p>	
講者簡介	<p>現任單位： 嘉義基督教醫院減重中心主任/內科部副部主任/醫療品質部副部主任</p> <p>學歷： 台大醫學系(2007)</p> <p>經歷： 內科部副部主任 (2024.11~迄今) 醫療品質部副部主任 (2024.05~迄今) 減重中心主任 (2021.11 ~迄今) 腸胃肝膽科主任 (2021.04~2024.11) 內視鏡室主任 (2019.07~2021.04) 臨床試驗中心主任 (2017.07~2022.07)</p>
摘要	<p>Endoscopic Sleeve Gastroplasty (ESG) has established itself as a validated, minimally invasive weight loss intervention with growing clinical adoption. The latest evidence-based review by the IFSO Bariatric Endoscopy Committee confirms its efficacy in achieving sustainable weight loss, particularly in patients with class I and II obesity and those with class III obesity who are not candidates for metabolic surgery. ESG offers a favorable safety profile, with a pooled serious adverse event (SAE) rate of 1.25%, demonstrating its relative safety compared to surgical alternatives.</p> <p>Despite these advantages, ESG presents challenges that require dedicated training,</p>

	particularly in mastering endoscopic suturing techniques and optimizing procedural outcomes. The learning curve is a key consideration, influencing complication rates and procedural success. Additionally, while adverse events are rare, recognizing and managing complications—such as gastric leaks, delayed gastric emptying, and suture-related issues—are essential skills for clinicians performing ESG.
題目：開刀完，我就會瘦嗎？ 彰化基督教醫院 曹連誠醫師	
講者簡介	現任單位： 彰化基督教醫院 一般外科/體重管理中心醫師 學歷： 國立陽明大學（民國 95 年） 經歷： 彰化基督教醫院（民國 96 年～迄今）
摘要	Bariatric surgery effectively treats severe obesity and metabolic disorders, but predicting long-term weight loss remains challenging. Research indicates that early weight loss, particularly in the first-month post-surgery, may forecast mid-to-long-term outcomes. A 2020 study using clustering analysis showed that weight loss at one and three months could predict two-year trajectories, identifying patients likely to maintain loss or regain weight. The Longitudinal Assessment of Bariatric Surgery (LABS) supports this, linking early patterns to sustained results. Preoperative factors like age and BMI predict 59% of long-term variability, while adding six-month postoperative data raises accuracy to 78%, with early weight loss as the key contributor (47%). However, first-month predictions are not definitive due to variability from surgery type, adherence, and lifestyle factors. Early behavioral changes, such as improved diet and exercise, also influence success, emphasizing the need for initial support. Limitations include inconsistent predictive accuracy, limited first-month-specific long-term data, and unstandardized success criteria. Clinically, early weight loss offers guidance rather than certainty, aiding tailored interventions. Patients must commit to lifestyle adjustments beyond surgery for lasting results. Further studies are needed to enhance early prediction models and standardize assessments, improving patient outcomes and expectations.

題目：The advancements of robotic bariatric surgery 台北榮民總醫院 方文良醫師	
講者簡介	現任單位： 台北榮總體重管理醫學中心 學歷： 國立陽明大學量床醫學研究所博士 (2013 年畢業) 國立陽明大學醫學系 (2000 畢業) 經歷： 2001- 2005 台北榮民總醫院 外科部 住院醫師 2005- 2006 台北榮民總醫院 外科部 住院總醫師 2006- 2007 台北榮民總醫院 外科部 臨床研究員 2006- 2007 和信治癌中心醫院 外科部 專研醫師 2007- 2008 財團法人奇美醫院柳營分院 一般及消化系外科 主治醫師 2013- 2013 法國巴黎蒙特梭利醫院 減重手術及消化外科手術 臨床研究員 2016- 2017 美國加州大學舊金山醫學中心(UCSF) 減重中心及肝膽胰手術中心臨床研究員 2017.9~2024.8 台北榮民總醫院 減重及代謝手術中心 主任 2008- 迄今 台北榮民總醫院 一般外科 主治醫師 2024.8 迄今 台北榮民總醫院 體重管理醫學中心 主任 2021.8 迄今 國立陽明交通大學醫學院外科學科 部定教授 2024.3 迄今 台灣代謝及減重外科醫學會理事長
摘要	Robotic bariatric surgery represents a significant advancement in the field of weight-loss surgery, offering greater precision, minimally invasive techniques, and improved patient outcomes. The integration of robotic-assisted technology, such as the Da Vinci system, enhances surgical dexterity, provides superior visualization, and reduces the risk of complications compared to traditional laparoscopic methods. This presentation will explore the key advantages of robotic bariatric surgery, including its impact on reducing operative time, minimizing postoperative pain, and accelerating recovery. Additionally, we will discuss how artificial intelligence and machine learning are shaping the future of robotic surgery, further improving surgical accuracy and patient safety.

As robotic technology continues to evolve, it is poised to redefine bariatric surgery, making procedures safer, more efficient, and accessible to a broader range of patients battling obesity and metabolic disorders.

<p>題目：合併裂孔疝修補在袖狀胃切除術中預防胃食道逆流的臨床成效分析</p> <p>馬偕醫院 何恭誠</p>	
講者簡介	<p>現任單位：</p> <p>馬偕紀念醫院減重手術暨肥胖防治中心主任</p> <p>學歷：</p> <p>1991.09~1995.06 B.S., Department of Physics, National Sun Yat-Sen University</p> <p>1995.09~1997.06 M. Eng. , Department of Biomedical Engineering, National Yang-Ming University</p> <p>2001.09~2006~06 M.D., Department of Post-Baccalaureate Medicine, Kaohsiung Medical University</p> <p>2015.09~ Enrollment, Department of Biomedical Engineering, National Yang-Ming University</p> <p>經歷:</p> <p>馬偕紀念醫院減重手術暨肥胖防治中心主任</p> <p>馬偕紀念醫院消化道外科主任</p> <p>中華民國消化系外科專科醫師</p> <p>中華民國內視鏡外科專科醫師</p> <p>台灣代謝及減重外科醫學會理事</p>
摘要	<p>Sleeve gastrectomy (SG) is currently the most widely performed bariatric procedure worldwide, offering a balance of safety, simplicity, and effective weight loss. However, concerns have emerged regarding the increased incidence of postoperative gastroesophageal reflux disease (GERD), with some patients developing de novo or worsening hiatal hernias (HH) following SG. These conditions can lead to significant clinical symptoms and may require revisional surgery to achieve adequate symptom control. Clinical observations suggest that many patients who develop severe GERD or sliding HH after SG may have had subtle hernia findings on preoperative endoscopy, indicating the importance of thorough preoperative assessment and appropriate intraoperative management. This study aims to investigate whether concurrent hiatal hernia repair (HHR) performed during SG can reduce the risk of postoperative complications such as severe GERD and progressive HH. By reviewing clinical outcomes from patients who underwent SG with and without concomitant HHR based on preoperative endoscopic findings, we aim to evaluate the potential benefits of a preventive surgical approach. The findings of this retrospective study may provide insights into the role of tailored intraoperative decision-making during SG, particularly in patients with evidence of HH prior to surgery. Ultimately, this research seeks to contribute to improved surgical strategies that minimize postoperative reflux-related complications and enhance long-term quality</p>

	of life for bariatric patients.
<div>題目：One-year Outcome between Sleeve Gastrectomy(SG) and Single Anastomosis Sleeve Ileal Bypass(SASI) in Patients with Diabetes Mellitus</div> <div>衛福部立雙和醫院 邱允寧醫師</div>	
講者簡介	<div>現任單位：</div> <div>衛福部立雙和醫院一般外科主治醫師</div> <div>學歷：</div> <div>高雄醫學大學學士後醫學系(2017 年)</div> <div>經歷：</div> <div>2016-2017 高雄醫學大學附設醫院實習醫師</div> <div>2017-2018 台北慈濟醫院畢業後一般醫學訓練</div> <div>2018-2023 台北榮民總醫院一般外科住院醫師</div> <div>2023-2024 台北榮民總醫院一般外科臨床研究員</div> <div>2024-至今 衛福部立雙和醫院一般外科主治醫師</div>
摘要	Single Anastomosis Sleeve Ileal (SASI) bypass has emerged as a metabolic surgery alternative combining restrictive and hormonal mechanisms. This study compares one-year outcomes of SASI and Sleeve Gastrectomy (SG) in patients with type 2 diabetes. Both procedures achieved significant weight loss and glycemic improvement. SG showed greater absolute weight loss, while both reached similar BMI and HbA1c at one year. SASI patients had a greater hemoglobin drop, indicating higher anemia risk. Both are effective, with SASI requiring closer nutritional follow-up.

<p>題目：Integrating Wegovy with clinical practice: Enhancing weight management patient journey</p> <p>越 L' EXCELLENCE 功能整合醫學診所 陳君琳醫師</p>	
講者簡介	<p>現任單位：</p> <p>越 L' EXCELLENCE 功能整合醫學診所院長</p> <p>原美學診所 主治醫師</p> <p>學歷：</p> <p>輔仁大學醫學系(畢 98 年)</p> <p>經歷：</p> <p>原美學診所醫師 111 年至今</p> <p>台北秀傳醫院醫師 111 年至今</p> <p>台北馬偕紀念醫院家庭醫學科主治醫師 98 年至 102 年</p> <p>黃耀明內兒科診所 102 年至 105 年</p> <p>樂奕診所 109 年至 113 年</p>
摘要	<p>肥胖症及其併發症的增加使體重管理成為當今臨床實踐的緊迫課題。雖然生活方式改變和飲食控制是體重管理的基石，但對許多患者而言，這些方法常常不足以達到顯著且持久的減重效果。新型藥物療法，如 Wegovy (semaglutide)，為臨床醫師提供了強效工具，可幫助患者開始他們的減重旅程。STEP 系列臨床試驗提供了有力的證據，證明 Wegovy 在促進體重減輕方面的成效。藥物是很有用的工具，然而減重門診的最終目標之一是調整患者行為，藉以避免復胖。我們可以運用心理學模型來增強患者依從性並促進行為改變，確保治療效果的長期持續。同時，減重手術(即代謝及減重外科手術)是一種極為有效的體重管理策略，在手術前後使用 Wegovy 作為輔助治療，可以進一步優化治療效果。本演講將探討如何有效整合這些創新療法及行為調整策略，以優化肥胖症患者的整體治療過程。</p>

<p>題目：體重控制對心血管疾病的益處</p> <p>新竹馬偕醫院 林柏霖醫師</p>	
講者簡介	<p>現任單位：</p> <p>新竹馬偕紀念醫院心臟內科資深主治醫師</p> <p>學歷：</p> <p>中山醫學大學醫學系(1996-2003)</p> <p>中原大學生物醫學工程碩士(2013-2016)</p> <p>陽明交通大學生物科技博士(2019-2022)</p> <p>經歷：</p> <p>馬偕紀念醫院心臟內科主治醫師</p> <p>中華民國心臟學會副秘書長</p>
摘要	<p>The global obesity epidemic is well established, with increases in obesity prevalence for most countries since the 1980s. Obesity contributes to incident cardiovascular risk factors, including dyslipidemia, type 2 diabetes, hypertension, and sleep disorders. Obesity also leads to the development of cardiovascular disease and heart failure. More recent data highlight abdominal obesity, especially visceral adipose tissue could be a cardiovascular disease risk marker that is independent from body mass index.</p>

<p>題目：筋膜平衡與增肌減脂的重要性</p> <p>卓立復健科診所 卓裕森院長</p>	
講者簡介	<p>現任單位：</p> <p>卓立復健科診所院長</p> <p>學歷：</p> <p>中興大學生命科學院 理學碩士(MS)</p> <p>高雄醫學大學學士後醫學系 醫學士(MD)</p> <p>陽明大學物理治療學系 理學士(BS)</p> <p>高雄大學法律學系 法學士(LLB)</p> <p>中國醫藥大學針灸研習班結業</p> <p>經歷：</p> <p>中港澄清醫院 復健科主治醫師兼主任</p> <p>中國醫藥大學附設醫院復健部總醫師</p> <p>麥茵茲醫學美容事業集團 微整形主治醫師</p> <p>中港澄清醫院美容醫學部 微整形主治醫師</p> <p>海亞大健康管理診所 兼任主治醫師</p> <p>仁德醫護管理專科學校 講師</p> <p>樹人醫護管理專科學校 講師</p>
摘要	<p>健康減重管理並非單純要求體重數字降低，而是希望增肌減脂達到體態雕塑。進行適量的重量訓練及</p> <p>補充足夠的蛋白質可以增加肌肉量，減脂目標需要在營養攝入和消耗之間創造能量赤字。保持充足的</p> <p>睡眠以及減少壓力賀爾蒙也對增肌減脂至關重要。</p> <p>筋膜可視為人體維持正常功能運作的關鍵所在，分布於全身各處，可以減少肌肉彼此的摩擦與擠壓，</p> <p>有效調節組織間的張力平衡。筋膜平衡的基礎建立在穩定的核心力量，將介紹幾種專為改善</p>

	<p>脊椎健康</p> <p>及全身運動穩定性而設計的理論，從而改善脊椎的承壓能力，調和自律神經功能，提升優美體態及氣血循環，讓增肌減脂不是難事</p>
<p>題目：Natural Dietary and Herbal Products in Anti-Obesity Treatment</p> <p>馬偕醫院 高皓宇醫師</p>	
講者簡介	<p>現任單位：</p> <p>馬偕醫院中醫部主治醫師</p> <p>學歷：</p> <p>中國醫藥大學中醫系</p> <p>台北醫學大學生藥所</p> <p>經歷：</p> <p>109 迄今 馬偕醫院中醫部主治醫師</p> <p>中醫癌症醫學會理事</p> <p>中醫皮膚專科醫師</p>
摘要	<p>A wide range of natural substances has been investigated for their potential in weight management and extensively utilized in the development of anti-obesity products. This section will examine the weight-reducing effects of various dietary and herbal products, along with their active compounds and mechanisms of action against obesity.</p>

題目：馬偕紀念醫院單吻合迴腸雙通道胃繞道手術案例討論及對胃食道逆流與糖尿病控制的影響

馬偕醫院 王柏鈞醫師

講者簡介	<p>學經歷：</p> <p>輔仁大學食品營養學士</p> <p>中山醫學大學醫學士</p> <p>輔仁大學食品營養博士班</p> <p>外科專科醫師</p> <p>消化系外科專科醫師</p> <p>外傷科專科醫師</p> <p>台灣代謝及減重外科醫學會會員</p> <p>International Federation for the Surgery of Obesity(IFSO；肥胖暨代謝性疾病外科聯合會)會員</p>
摘要	<p>單吻合迴腸雙通道胃繞道手術（Single Anastomosis Sleeve-Ileal Bypass;SASI）是一種結合袖狀胃切除術（Sleeve Gastrectomy, SG）與迴腸繞道手術（Ileal Bypass）的減重與代謝手術。該手術主要透過限制食物攝取與改變腸道營養吸收途徑，以達到體重減輕與代謝疾病改善的效果，在許多文獻中的結果分析中發現特別適用於合併第二型糖尿病（T2DM）與肥胖的患者。</p> <p>在糖尿病控制方面，SASI 透過以下機制發揮作用：</p> <ol style="list-style-type: none">1. 促進腸道激素（GLP-1、PYY）分泌，增強胰島素敏感性。2. 降低胰島素抗性，改善葡萄糖代謝，幫助血糖穩定。3. 減少食物吸收與體重減輕，進一步提升糖尿病緩解率。 <p>對於胃食道逆流（GERD），SASI 的影響因個體而異。由於袖狀胃切除術可能增加胃內壓，一部分患者 GERD 可能惡化。然而，由於 SASI 具有腸道繞道特性，部分患者的胃排空時間縮短，胃酸逆流的情況可能改善。因此，SASI 在 GERD 患者中的效果需要進一步研究與個別化評估。</p> <p>總體而言，SASI 手術在糖尿病控制與體重減輕方面展現出良好的療效，且相較於傳統 Roux-en-Y 胃繞道手術（RYGB），其技術較為簡單，營養吸收問題較少。然而，術後仍需密切監測 GERD 症狀變化與長期營養狀況，以確保手術效果與患者健康。</p>

題目：多囊性卵巢症候群與體重管理 馬偕醫院 李佳臻醫師	
講者簡介	現任單位： 台北馬偕紀念醫院婦產部 主治醫師 學歷： 中國醫藥大學 醫學系 (2016) 經歷： 馬偕紀念醫院不孕症 主治醫師 (2024.7-) 馬偕紀念醫院不孕症科總醫師後研究醫師 (2022.7-2024.6) 馬偕紀念醫院婦產科住院醫師 (2018.9-2021.6)
摘要	多囊性卵巢症候群 (PCOS) 是一種常見的內分泌疾病，影響生育能力並與胰島素阻抗、代謝紊亂有關。體重過重或肥胖會加重 PCOS 症狀，如月經不規律、雄性激素過高及不孕問題。研究顯示，即使是 5-10% 的減重，也能顯著改善胰島素敏感度、調節荷爾蒙平衡，並提升排卵功能。來探討減重對 PCOS 患者的益處，並提供飲食、運動、生活方式及藥物的實用建議，幫助患者透過健康減重改善症狀與生活品質。

題目：肥胖與婦科疾病的相關性 市立萬芳醫院 王樂明醫師	
講者簡介	現任單位： 市立萬芳醫院 婦產科產科主任 學歷： 高雄醫學大學 後醫學系醫學士 台灣大學醫學院毒理所碩士班畢業 台北醫學大學臨床醫學研究所博士班 經歷： 台北醫學大學附設醫院婦產部住院醫師、總醫師 台北醫學大學附設醫院最佳住院醫師 台北市立萬芳醫院最佳主治醫師 台灣婦女健康學會秘書長 台灣母胎醫學會監事
摘要	肥胖不僅影響外觀與自信，還與多種婦科疾病密切相關。本課程將探討肥胖如何影響月經不規則、多囊性卵巢症候群 (PCOS)、不孕症及子宮內膜異常增生等婦科疾病，並說明內分泌與代謝失衡的機制。此外，將介紹減重對改善婦科健康的益處，以及適合女性的體重管理策略，幫助參與者更全面了解肥胖對生殖健康的影響。

<p>題目：Gut microbiota and pediatric obesity / metabolic-associated fatty liver disease</p> <p>成大醫院 楊耀榮醫師</p>	
講者簡介	<p>現任單位：</p> <p>成大醫院小兒部 主治醫師</p> <p>成功大學醫學系小兒學科 教授</p> <p>學歷：</p> <p>2008 (畢) 成功大學臨床醫學研究所 博士</p> <p>1991 (畢) 中山醫學大學醫學系 學士現職：</p> <p>經歷：</p> <p>1992~1997 成大醫院住院醫師、總醫師</p> <p>1996~1997 行政院衛生署感染症訓練計畫第三期結訓</p> <p>1997~1998 新樓醫院小兒科主治醫師</p> <p>1998~至今 成大醫院小兒部主治醫師</p> <p>1999~2000 台大醫院小兒腸胃肝膽科研究員</p> <p>2011-2012 美國麻州綜合醫院小兒腸胃科腸道免疫研究室研究員</p> <p>2016~2019 成大醫院小兒部主任</p>
摘要	<p>Huge amount microorganisms resides in human intestine, and many contribute to the maturation and homeostasis of immune system. The diversity of gut ecology are affected by the gestational age, delivery type, feeding sources, and antibiotics use in neonates. Recent studies pointed out that disturbance of gut microbiota, so called dysbiosis, could result in several pediatric diseases including obesity, metabolic dysfunction-associated steatotic liver disease (MASLD), metabolic syndromes, allergic diseases, and inflammatory bowel diseases. Next-generation sequencing technology enables faster and more in-depth exploration of the relationship between gut microbiota and related diseases. Recent, full-length 16S-rRNA sequencing data demonstrates stronger associations with the risk of MASLD than that of V3-V4 sequencing in obese children. However, there are no single species can be proven to play a key factor in pediatric obesity and MASLD at present. Various probiotics may confer benefit to these gut microbiota-related pediatric diseases. The clinical application is still limited. This presentation will elucidate evidently the</p>

	relationship between gut microbiota and pediatric obesity/MASLD and to discuss the potential probiotics use in pediatric obesity and MASLD.
<p>題目：Consensus Statement on Metabolic Dysfunction-Associated Steatotic Liver Disease in Children and Adolescents from the Joint TASL-TSPGHAN Expert Committee</p> <p>臺北榮民總醫院 林裕誠 醫師</p>	
講者簡介	<p>現任單位：</p> <p>臺北榮民總醫院兒童胃腸科主任</p> <p>學歷：</p> <p>台大醫學系學士(86 年畢業)</p> <p>台大臨床醫學研究所博士(100 年畢業)</p> <p>經歷：</p> <p>台灣小兒消化醫學會理事</p> <p>中華民國肥胖研究學會理事</p> <p>亞太小兒腸胃肝膽暨營養學會(APPSPGHAN)科學委員會委員 (Hepatology Subcommittee)</p> <p>台灣兒科醫學會研究委員會委員</p> <p>台灣兒科醫學會兒科消化學委員會委員</p> <p>亞東紀念醫院主治醫師(91/7~113/1)</p>

	<p>亞東紀念醫院醫療事務處主任(107/7~100/7)</p> <p>亞東紀念醫院兒童急診科主任(100/8~113/1)台灣母胎醫學會監事</p>
摘要	<p>Metabolic dysfunction-associated steatotic liver disease (MASLD) is the most prevalent chronic liver condition in children and adolescents, driven by the global rise in pediatric obesity. The renaming of nonalcoholic fatty liver disease (NAFLD) to MASLD emphasizes its metabolic basis. Notably, this change remains unsettled in pediatric settings due to differences in metabolic profiles and disease progression between children and adults. In this consensus statement by the Taiwan Association for the Study of the Liver (TASL) and the Taiwan Society of Pediatric Gastroenterology, Hepatology, and Nutrition (TSPGHAN), we adopted the new nomenclature "MASLD" and highlight the unique clinical challenges in diagnosing and managing this condition in Asian children. We emphasize the rising prevalence of pediatric MASLD, which correlates strongly with obesity but often remains underdiagnosed due to the lack of screening policy for at-risk individuals and variations in diagnostic criteria. This review also discusses the distinct natural history and histopathological features of pediatric MASLD, underscoring the critical need for a greater understanding of its long-term outcomes. Currently, liver enzymes and ultrasonography are commonly used for screening and diagnosis, though these methods have limitations. The diagnostic imaging and novel non-invasive biomarkers specifically tailored for pediatric MASLD are in urgent need. Clinical management continues to rely on lifestyle interventions, with no pharmacological treatments currently approved for pediatric MASLD. Effective management of pediatric MASLD requires a comprehensive approach to risk assessment, early detection, and intervention, tailored to the disease's unique pathophysiology in children.</p>

